DOCUMENT RESUME

ED 433 491 CG 029 469

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TITLE From Clinic to School: Adapting a Homework Intervention Program for ADHD in School Settings.

PUB DATE 1999-04-00

NOTE 17p.; Paper presented at the Annual Convention and Exposition of the National Association of School Psychologists (31st, Las Vegas, NV, April 6-10, 1999).

PUB TYPE Reports - Descriptive (141) -- Speeches/Meeting Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Academic Achievement; *Attention Deficit Disorders; *Behavior Modification; Educational Environment; Elementary Education; *Homework; *Hyperactivity; Parent Participation; Parent Student Relationship; *Parent Teacher Cooperation; School Psychologists; Teaching Methods

ABSTRACT

This paper briefly outlines the Homework Success Program (HSP), a family-school intervention program for attention-deficit/hyperactivity disorder (ADHD). The HSP uses a conjoint behavioral approach, emphasizing the importance of implementing behavioral interventions that involve parents, teachers, and students. The primary goals of the program are increasing rates of homework completion and accuracy, promoting home-school collaboration, and reducing parent-child conflict during homework time. Although the HSP has typically been conducted in clinic settings, the authors advocate expanding the HSP, consistent with an emerging trend in school psychology in which such programs are conducted in school settings as well as in clinics. This paper was presented to conference participants to describe the HSP's curriculum and its implementation in school settings. Participants were expected to gain a basic understanding of the core program components, improve their parent-teacher collaboration skills, and learn how to implement the system in schools. (Contains 20 references.) (GCP)

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ED 433 491

Running Head: ADHD HOMEWORK PROGRAM IN SCHOOLS

From Clinic to School

Adapting a Homework Intervention Program for ADHD in School Settings

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Paper Presentation for the Annual Conference of the National Association of School Psychologists, Las Vegas, April 1999

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ABSTRACT

The Homework Success Program is a family-school intervention program for ADHD. Typically the program has been conducted in clinic settings. From this presentation participants will gain the following: a) Instruction in the core behavioral components and design of the Homework Success Program; b) Further development of parent-teacher collaboration skills, tailored for instituting and evaluating the program, particularly regarding intervention, evaluation, and follow-up of program principles and strategies; and c) Details regarding implementation of the system in school settings.

From Clinic to School: Adapting a Homework Intervention Program for ADHD in School Settings

This paper describes the Homework Success Program (HSP), particularly its implementation in school settings. The HSP is a family-school homework intervention program for students with attention-deficit/ hyperactivity disorder (ADHD). Expected skills and learning outcomes for participants include: a) gaining a basic understanding of the core components of the program; b) further development of school psychologists' parent-teacher collaboration skills in instituting the program in schools; and c) implementing the system in schools. At the conclusion of the presentation the audience for this paper will be asked to complete feasibility and need surveys regarding use of the HSP in their schools. Handouts will be provided to participants that include guidelines discussed in the presentation. At the outset we would like to acknowledge Dr. George DuPaul, who was intricately involved in the initial formulation of the group, and Dr. Russell Barkley, from whom we have adapted some ideas regarding parent training practices.

First there will be an introduction to homework, particular homework problems associated with ADHD, and interventions with support in the literature. We will then provide the rationale for the HSP, including our intervention model. The curriculum of the HSP will then be briefly described. Then a discussion will follow regarding implementing the program in schools.

Our working definition for homework is taken from Keith and DeGraff, and is "assignments given by teachers for completion outside of the typical class period" (Keith & DeGraff, 1997, p. 477). Although there has been substantial debate regarding the efficacy of

homework, as well as when and for whom it may be efficacious (Cooper, 1994), the reality is that most students in both regular and special education are assigned homework on a regular basis (Polloway, Epstein, Bursuck, Jayanthi, & Cumblad, 1994).

Behavioral research has consistently indicated that students with ADHD are at substantial risk for academic impairments. Academic problems associated with ADHD include lower scores on achievement tests, relatively poor rates of work completion, more grade retentions, and higher drop-out rates relative to non-ADHD peers (DuPaul & Stoner, 1994). Children with ADHD also tend to experience severe problems related to homework performance, including failure to bring home assignments, materials disorganized or missing, difficulties beginning work and remaining on-task, and arguing with parents (DuPaul & Stoner, 1994). There are a number of excellent parent guides that address homework problems (e.g., Radencich & Schumm, 1997), and there are several outstanding general behavioral intervention programs for ADHD (e.g., Barkley, 1998). However, the HSP is the only comprehensive system we are aware of that is designed specifically to address the particular homework needs of families and school professionals coping with ADHD. Such programs are particularly needed above and beyond parent guides, as underscored by research findings indicating increased compliance from children with ADHD when a trained professional assists families through the intervention process, whether as a family or as part of a group process (Estrada & Pinsof, 1995).

The HSP uses a conjoint behavioral collaboration approach (Erchul & Martens, 1997), emphasizing the importance of implementing behavioral interventions that involve parents, teachers, and students. It is acknowledged that it may not always be feasible to also conduct both

the parent and child groups in school settings. The child group, therefore, should be considered to be desirable and important but an optional component. So our description of the HSP curriculum focuses here on the parent group. The child group essentially introduces the children to the principles and strategies being taught to the parents. Options for schools include conducting the child group, no child group at all, and a group in which children with ADHD are given general assistance with organization and actual homework completion. A number of the HSP core components have been supported in research with non-ADHD samples. These include including contingency contracting and goal-setting (Kahle & Kelley, 1994). Goldberg's group (Goldberg, Merbaum, Even, Getz, & Safir, 1981) found that positive reinforcement and home-school contracting around homework expectations were related to improvements in both quality and quantity of homework. It has also been found that student involvement in setting goals is related to improvements in performance and motivation (Olympia, Sheridan, & Jenson, 1994).

To date the program has been implemented in clinic settings. Included in the instruction and support provided to parents is training in home-school communication strategies, a vital intervention for ADHD and a natural element for addressing homework problems (Olympia et al., 1994).

The primary targets of the program include increasing rates of homework completion and accuracy, promoting home-school collaboration, and reducing parent-child conflict during homework time. These targets can be measured in a number of ways, such as with the use of Anesko et al.'s Homework Problem Checklist (Anesko, Schoiock, Ramirez, & Levine, 1987), parent and/or teacher logs of completion and accuracy, and with Abidin's Parenting Stress Index

(Abidin, 1986).

To be included in the HSP, there must be an actual or suspected ADHD diagnosis, as well as significant homework problems. At this time the HSP is intended for use in grades 2 through 6. The Homework Problem Checklist (Anesko et al., 1987) is a 20-item parent-report measure that can be employed. A total score that is one standard deviation above that of the normative sample is recommended, although there are clear indications, such as from the DSM-IV field trials for ADHD (Lahey et al., 1994) that elementary school students with ADHD tend to obtain Homework Problem Checklist scores that are well above such a cutoff. A quick ADHD screening measure such as the ADHD-IV Rating Scale (DuPaul, Power, Anastopoulos, & Reid, 1998), also published by Guilford, can be easily administered to teachers and parents. In the clinic we exclude children with a diagnosis of Conduct Disorder, those with a documented history of self-injurious behavior requiring medical treatment, and those with a full scale IQ below 80, primarily because we have found that the immediate clinical needs of such children tend to be different than those who typically participate in the HSP. However, in school settings it may not always be feasible to conduct the comprehensive assessments such exclusionary criteria would entail. Therefore it is left to the discretion of the school psychologist and participants the degree to which further assessment is indicated prior to being considered for participation in the program.

Although an in-depth review of the HSP curriculum is beyond the scope of this paper, we will assume that many in the audience were not present for last year's discussion of the session-by-session components, and that there is some interest in exactly what is included in the seven parent training sessions. Before we present an overview, interested persons are referred to the

NASP Proceedings (Karustis et al., 1998) from the Orlando convention last year for a more detailed curriculum outline. If you are interested in receiving information on obtaining the manual when it is issued by Guilford, please also leave your name and address with us on the Needs & Feasibility Survey before the end of this presentation.

On a weekly basis parents complete measures pertaining to homework problems. Family conflict and parenting stress measures, such as the Conflict Behavior Questionnaire (Robin & Foster, 1989) and Parenting Stress Index (Abidin, 1986) can also be used as progress and outcome measures. Group leaders also use brief integrity checklists to ensure that the manualized components are included. Whether or not a child group is also conducted, the first 15 minutes of each session are devoted to discussing progress, continuing problematic homework areas, and between-session assignments. If there is a child group, the children are present for these initial 15 minutes before separating from the parents to go to their own group. General troubleshooting then occurs, with a particular emphasis on gains and needs regarding home-school communication. There is then a review of logs that parents are asked to keep, pertaining to antecedents, behaviors, and consequences experienced during homework time.

The majority of each session is then spent addressing that week's main topic. This component includes didactic training of principles and techniques and group discussion of experiences. At the end of each session parents are given assignments that are related to the particular topic addressed in the session. At several points in the program group leaders call parents to remind them about the next session. This is typically done at points in the HSP that we had previously identified as prime dropout times, such as after the second and fifth sessions, and

prior to the final Booster Session.

Now we will review the specific topics for each session.

The goals of Session 1 are to provide a general orientation to the Homework Success Program, to discuss the relationship between ADHD and homework problems, and to lay the groundwork for implementing the program's principles and interventions. Issues such as confidentiality, the need for active participation and completion of assignments, and the conjoint model are discussed. A folder is also provided for parents in which to retain their handouts and to keep track of between-session assignments. Parents are then encouraged to relate their struggles pertaining to homework time. This is a rapport-building component as well, in that the commonality of many homework problems generally becomes obvious to the participants. Parents are then instructed in the use of the A-B-C logs, that is the logs for antecedents, behaviors, and consequences, to be used during each homework time. Between sessions 1 and 2 parents are instructed to talk with their children about homework problems, and to meet with teachers to discuss participation in the program. Group leaders also establish contact with teachers to discuss the HSP and to answer any questions that may arise.

Session 2 focuses upon establishing ground rules for homework time. There is also a focus upon how to give effective commands. The ground rules component targets the what, where, and how of setting up what we refer to as a "Homework Ritual". A worksheet is provided to facilitate this process. A review of the A-B-C logs provides a background for this discussion. Also, we have adapted from Barkley (1998) techniques to issue more effective commands, such as minimizing distractions and giving instructions that are more likely to result in compliance.

The main goal of Session 3 is to train parents in the principles and techniques of using positive reinforcement. This includes training in selective attention, devising a reward menu, and practicing the C.I.S.S.-4 principles, referring to consistency of reinforcement, immediacy of providing feedback, specificity of feedback, saliency or meaningfulness of rewards, and a 4-to-1 positive-to-negative response ratio.

In Session 4 the Goal-Setting Tool is introduced. This tool is designed as a series of steps, including dividing work into subunits and setting time limits for each unit. Parents practice setting realistic goals in terms of completion and accuracy. After the child completes a particular subunit, both the parent and child evaluate performance, with appropriate rewards issued according to the C.I.S.S.-4 principles. Bonus points are given to the child when his or her estimates of performance match those of the parent.

The use of negative consequences is intentionally delayed until Session 5, in order to underscore the importance of a primarily positively-oriented approach. As most of us are well-aware, parents coping with ADHD easily fall into a cycle of criticism, punishment, and overall conflicts. Such parents are therefore more than familiar with using punishments. However, the focus of Session 5 is upon using punishments strategically and minimally. Group leaders discuss guidelines for using various negative consequences, including verbal correction, response-cost, and time-out.

Session 6 is a review and looking-ahead session. An emphasis is placed upon gains achieved and problem areas that remain. Session 7 is the follow-up and booster session, and should occur about 4 to 6 weeks after Session 6. During Session 7 parents are encouraged to

discuss their successes and problems in implementing the concepts and techniques of the program. Group leaders make particular efforts to reinforce successes and to acknowledge the difficulties often encountered in adhering to the HSP goals. Parents are also provided with additional resources, including a handout of books, audio- and videotapes, and referrals for further treatment if indicated. They are then asked to complete a program evaluation form, which provides valuable feedback in the further development of the Homework Success Program.

A logical development of the HSP, consistent with an emerging trend for the future in school psychology (Reeder et al., 1997), is to conduct such programs in school settings as well as in clinics. However, there are specific modifications that must be included in this process, such as: a) providing in-service training to school personnel regarding ADHD and interventions that are supported by research; b) recruiting participant families from the school and community; c) training community members to assist in conducting the groups (e.g., community partners may receive training to assist clinicians in using behavior modification techniques in the context of the child group); and d) providing follow-up consultation subsequent to the conclusion of the program.

There are many misconceptions regarding ADHD among school professionals (Karustis, Habboushe, & Power, 1997). In the article you have received we have touched on some of the primary ones. There is a tremendous need for teacher education pertaining to ADHD. In order to successfully adapt the HSP for use in schools we believe that such education is necessary. The organization Children and Adults with Attention Deficit Disorders, or CH.A.D.D., has a school in-service program (Fowler, 1992) that is comprehensive and has been well-received. However, it

is not necessary to use a pre-packaged instructional program. The primary elements that need to be included entail the symptoms of ADHD, assessment, behavioral interventions and instructional accommodations that have been found to be effective, legal provisions such as Section 504 and the "Other Health Impaired (ADHD)" special education designation, and the importance of frequent home-school communication. We have also found it especially useful to review a facts and misconceptions outline with teachers. Particular attention needs to be placed upon the importance of relationships with parents. Structured, positively-oriented daily home-school notes have been found to be helpful in this regard. Teachers will often require assistance from the school psychologist in re-framing ADHD as a genuine disability. Emphasis should be placed upon blaming neither the teacher, parents, or child. It is also emphasized in such training that parents and teachers often share a sense with the child of being stressed and overwhelmed. Therefore a focus on approaching one another with sensitivity and compassion must be present. With the application of the HSP in schools there is a positive by-product of having closer proximity of parents and teachers. There is thus the opportunity for more frequent, brief 1-to-1 meetings. Such meetings can serve to reduce the stress that parents often report regarding meetings of larger intervention teams.

Parents of students who already have an ADHD diagnosis, including those receiving psychostimulants from the school nurse, and students with accommodation plans tailored for ADHD such as those already mentioned, should be sent letters such as the one just distributed that is identified as for students already known to have ADHD. Subsequent to teacher in-service training, teachers are expected to be in an improved position to refer other students who may

have ADHD. Parents of such children would be sent a letter similar to the one identified as being for those suspected of having ADHD. It should be emphasized that whether or not criteria are met for participation, or even if criteria are met but parents choose not to participate, that the school psychologist and the entire intervention team is available to assist families with their school-related needs. In either case screening measures such as the Homework Problem Checklist (Anesko et al., 1987) and the ADHD-IV Rating Scale (DuPaul et al., 1998) are recommended. Of course informed consent from the parents for screening would be necessary. If parents elect to participate in the HSP, signed consent forms should be obtained for communication with teachers regarding school behaviors.

Including community partners would also be an invaluable element in using the HSP in schools. Flyers should be sent to parents of all students, as well as to often-neglected community groups, such as parent-teacher associations, churches, and community advocacy groups. We have found that community partners can be quickly trained by school psychologists and counselors in the basics of behavioral principles. Such training would make it more feasible to conduct the concomitant child group. Community partners can assist in providing structure and reinforcement in the child group, and can also assist with progress and outcome measurement for the parent group. We have found that including such partners builds bridges with the community, and fosters an overall sense of investment in the schools.

In addition to the follow-up curriculum included in Session 7 of the HSP, when the program is instituted in school settings it is important that parents and teachers be aware that school psychologists are available for further consultation regarding ADHD and its associated

problems. Such consultation should not be limited to homework, but should also include consultation availability regarding programmatic accommodations, assistance with facilitating communication with teachers, and possible referrals for outside pediatric and behavioral treatment. With their training and expertise bridging educational and behavioral issues, school psychologists are in an excellent position to implement systems such as the Homework Success Program.

At this point your questions and other feedback are encouraged. We ask that you also take a moment to complete both the Feasibility & Needs Survey and an evaluation of this presentation.

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